

The good, the bad and chronic hepatitis

July 31 2012

Today is World Hepatitis Day and it brings good news and bad news. The bad news is that hepatitis is still a serious condition which affects nearly 400,000 Australians putting them on a course to serious liver disease. “The good news is that treatment is now less invasive, of shorter duration, much more effective—and diagnosis doesn’t involve humongous needles,” says Dr Nick Shackel from the Centenary Institute.

With hepatitis C, he says, the problem is that although, “you are more likely to die with the virus, not from the virus” we still cannot predict those people who will do badly.

His research into the genes that are triggered when hepatitis strikes, should improve things further by allowing better and earlier understanding of the likely course of the disease in individual patients.

Hepatitis is an inflammation of the [liver](#) caused by infection with a virus. The virus types B and C that lead to chronic conditions are the most common causes of liver scarring or cirrhosis and liver cancer.

Those diagnosed with the virus usually visit their doctors complaining of extreme tiredness. The disease is picked up through a routine blood test, and they are then referred to a specialist.

In the past, assessment of the severity of the disease involved a biopsy—extracting a small piece of liver tissue with a needle. But nowadays, this can be done quickly and painlessly by means of an ultrasound, known as Fibroscan, which probes the liver’s stiffness, says

Dr Shackel, who is also a senior staff specialist at the Royal Prince Alfred Hospital.

Under the latest treatment regimes, Hepatitis C virus can be cleared using drugs from better than 80 per cent of people within six months to a year. And there are new treatments on the horizon which may bring that down to less than 20 weeks, says Dr Shackel.

Hepatitis B is also treated with drugs for at least six months and often over many years. But it demands ongoing management, because once infected, you never get rid of it. “While the treatment is effective,” says Dr Shackel, “I tell my patients, ‘You’ll always have the [virus](#) but we can control it’.” Understanding when to start, stop and change treatments in individual patients with hepatitis B is one of the major problems with this disease,”

In the laboratory, he is working to change this, searching for protein markers, which can be used to predict the progress of the disease. In future, he hopes, doctors will be able to sort out those patients likely to develop cirrhosis or liver cancer from those whose condition will take a milder course. At that point, therapy can be personalised.

“We should be able to provide the minimum treatment for the maximum response.” And that will not only provide hepatitis patients with a better quality of life, but also will save money and medical resources.

Dr Shackel’s commitment to liver research is matched by his University of Sydney PhD student Wil D’Avigdor, who is currently somewhere between London and Ulaanbaatar in the 2012 Mongol Rally—risking life and limb to raise money for liver research at the Institute. At the Centenary Institute he studies the genetics of hepatitis C.

“There is currently no vaccine for [hepatitis](#) C and it infects up to 300

million people worldwide, including more than 10% of the people of Mongolia.”

More information: World Hepatitis Day is organised by the World Hepatitis Alliance, a global voice for the 500 million people worldwide living with chronic viral hepatitis B or C. Follow them at @Hep_Alliance. More information at worldhepatitisalliance.org .

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